



708 St. Louis Street • P.O. Box 250  
Edwardsville, Illinois 62025  
Telephone: (618) 656-1182  
Fax: (618) 692-7423  
www.ecusd7.org  
Dr. Jason Henderson, Superintendent



Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City, State) (Zip Code)

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_

**Please check the position(s) you are interested in:**

\_\_\_\_\_ Site Coordinator  
(Part-time)

\_\_\_\_\_ Counselor  
(Part-time)

Have you ever applied to / worked for District 7 Kid Zone before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for District 7 Kid Zone?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state name & relationship: \_\_\_\_\_

**Work Experience:**

(Dates employed)	(Company)	(Position)	(Phone number)
(Dates employed)	(Company)	(Position)	(Phone number)
(Dates employed)	(Company)	(Position)	(Phone number)

**Education:**

(List highest level of education)

_____ Four year institution	(School Name)	(Major)	(Graduation Date)
_____ Two year institution	(School Name)	(Major)	(Graduation Date)
_____ Currently attending	(School Name)	(Major)	(Graduation Date)

**Certifications:**

(Check all that apply)

_____ CPR/ AED	Date of Expiration: _____
_____ First Aid	Date of Expiration: _____
_____ Other	Please List: _____

**Availability:**

(Check the box of **all shifts** that you are available to work)

Shift	Monday	Tuesday	Wednesday	Thursday	Friday
AM: 6:15-9:00					
PM: 2:15-5:30					

If hired, on what date can you start working? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If hired, would you have transportation to/from work? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please thoroughly read the attached job description listing the essential functions of the job.**

Can you perform these essential functions of the job with or without reasonable accommodation?

\_\_\_\_\_

**References:**

Please identify individuals (of no relation) who are able to provide information regarding your qualifications for the position(s).

1)			
	(Name)	(Position)	(Phone)
2)			
	(Name)	(Position)	(Phone)
3)			
	(Name)	(Position)	(Phone)

**Applicant's Acknowledgment and Agreement:**

Applicants for positions are advised that the making of a willfully false statement or knowing omission of any employment history on this application may constitute a Class A misdemeanor. Any materially false statements or omissions on this application for employment will be reason to deny the application for hire and will lead to termination of employment.

- Accordingly, I hereby acknowledge that the statements made herein are accurate and that I have not omitted any requested information.
- I acknowledge that if I am hired, I will be required to provide evidence of physical fitness to perform duties assigned and freedom from communicable disease in accordance with Section 24-5 of the *School Code*.
- I acknowledge that if I am hired, I am required to obtain and maintain a certification in Child and Adult CPR/First Aid/AED.
- I acknowledge that if I am hired, I am required to complete, within 90 days of employment, Illinois Department of Human Services required training.
- I acknowledge that if I am hired, I will be required to abide by all rules, regulations and board policies of Edwardsville School District No. 7

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Applicant's Signature	Date
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**Authorization for Criminal Background Check:**

I authorize a background check into my prior employment and educational qualifications. I understand that I am subject to a criminal background investigation in accordance with the laws of the State of Illinois. I further understand that I may be subject to immediate dismissal if the investigation disclosed convictions of certain specified offenses under §10-21.9 of the *Illinois School Code*, 105ILCS 5/10-21.9, or in accordance with district policy and practice. I hereby authorize the District to initiate a criminal background check by the Illinois State Police Department and agree to execute any forms required for said investigation.

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Applicant's Signature	Date
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